

DEPARTMENT OF DEFENSE
DEFENSE FINANCE AND ACCOUNTING SERVICE
PO BOX 998015
CLEVELAND OH 44199-8015
OFFICIAL BUSINESS
FORWARDING SERVICE REQUESTED

DFAS Cleveland needs your help. We have found that in many cases, we do not have any information on file about your beneficiaries. Beneficiaries are people (or a person) who should receive any retired pay you are owed when you die.

According to Title 10 USC 2771 you may provide beneficiary information in one of two ways: Legal Order of Precedence or Designation of Beneficiaries. If you elect Legal Order of Precedence, the amount due will be paid to the surviving person highest on the following list (1) your spouse; (2) your children and their dependents, by representation; (3) your parents, in equal parts, or if either is dead, the survivor; (4) the legal representative of your estate; and (5) persons entitled under the law of your domicile. To establish a Legal Order of Precedence, check the appropriate box in the "TYPE OF ACTION" block, leave the SHARE block(s) blank and complete all other beneficiary blocks.

If you want to designate beneficiaries, you must list the beneficiaries you desire and the percentage of pay to be paid to each person in the SHARE block and complete all other requested information. If you list more than one beneficiary with a 100% SHARE, we will pay them in the order listed at the time of your death. If you elect the Designation of Beneficiaries option, you should update your beneficiary information whenever there is a change in your marital status or whenever you choose different beneficiaries.

In addition to the beneficiary information, this form must contain your Social Security Number, be signed and dated by you and also signed and witnessed by someone who is not a designated beneficiary or someone who is not in your order of precedence. Once complete, fold the form over, add postage and tape the form together before mailing. If you designate more than 3 beneficiaries, you must submit this request in a letter, signed and witnessed, to the return address shown on this card.

NOTE: Return of this card supersedes all previous beneficiary designations you may have completed.

DESIGNATION OF BENEFICIARY INFORMATION
(SEE INSTRUCTIONS BEFORE COMPLETING THIS FORM)

RETIRED MEMBER'S NAME	RETIRED MEMBER'S SSN
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TYPE OF ACTION: ☐ LEGAL ORDER OF PRECEDENCE
(CHECK ONE) ☐ DESIGNATION OF BENEFICIARIES

BENEFICIARY INFORMATION

SHARE	FULL NAME	SSN	RELATIONSHIP
%	ADDRESS		
SHARE	FULL NAME	SSN	RELATIONSHIP
%	ADDRESS		
SHARE	FULL NAME	SSN	RELATIONSHIP
%	ADDRESS		

RETIRED MEMBER SIGNATURE	DATE OF SIGNATURE
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TO BE COMPLETELY FILLED IN BY WITNESS

WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person)	
WITNESS STREET ADDRESS	WITNESS CITY, STATE, ZIP CODE

Postage
Required

Post Office will
not deliver
without proper
postage.

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